

AUTHORIZATION FOR BACKGROUND CHECK

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

1	CHECK ONE BOX IN EACH SECTION A AND B:			
	A <input type="checkbox"/> Applicant/Operator (Person[s] applying to operate a child care facility) <input type="checkbox"/> Executive Director <input type="checkbox"/> Member of Household (age 17 and over) <input type="checkbox"/> Member of Household (ages 13 to 16) <input type="checkbox"/> Employee/Volunteer of Household (foster care, day care or group day care home)			
2	B <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Day Care Home <input type="checkbox"/> Group Day Care Home <input type="checkbox"/> Group Home <input type="checkbox"/> Day Care Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Child Care Institution/Maternity Center <input type="checkbox"/> Youth Emergency Shelter <input type="checkbox"/> Adopt Only Home			

PERSONAL INFORMATION

2	Last Name/First Name/Middle Initial _____				Social Security or ITIN Number _____							
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____				I am or will be a foster family household member. <input type="checkbox"/> Yes <input type="checkbox"/> No I am or will be transporting foster children. <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>both</u> statements are yes, list your Drivers License number here: _____							
	CURRENT ADDRESS AND TELEPHONE:				Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____ Telephone (Including Area Code) (_____) _____ - _____				List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) _____ Dates From/To _____ _____ _____							
	Date of Birth (Month/Date/Year) _____	Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____	Eyes (color) _____	Skin Tone _____	Race _____	

AUTHORIZATION /CERTIFICATION

3	Have you ever been convicted of a criminal offense, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.	
4	SIGNATURE _____ DATE _____	
	BACKGROUND RESULTS Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____	FOR CENTRAL OFFICE OF LICENSING USE SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____ Valid Driver's License: Yes _____ No _____

TO BE COMPLETED BY SUPERVISING AGENCY

This authorization form will not be processed without completion of this section.

4	Date Fingerprinted: _____	Supervising Agency: _____
	Full Name of Facility _____	Provider ID# _____ Name _____
	Provider ID # _____	Or DCFS Region/Site/Field _____
	Street Address: _____	Name of Licensing Worker _____ Worker ID# _____
	City _____ IL ZIP: _____	(_____) _____ Phone Number of Licensing Worker _____

INSTRUCTIONS FOR COMPLETION OF CFS 718 - AUTHORIZATION FOR BACKGROUND CHECK

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer in a foster care, day care or group day care home.

SECTIONS 1, 2 AND 3 — COMPLETION OF IDENTIFICATION INFORMATION

DCFS or private agency licensing worker must instruct every person subject to a background check to complete the first three section identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete.

PRINT ALL INFORMATION

Name: Current and all former names used by the individual must be included. If no other names, write "none."

Social Security or ITIN No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER**

Address: Current and all addresses, including county, where the person has lived in the past five years (If outside of Illinois, check appropriate box)

Race: Enter all codes that apply

BL/AA	Black or African American	ASIAN	Asian
HISP	Indicate whether the individual is of	NH/PI	Native Hawaiian or Other Pacific
ORG	Hispanic origin		Islander
WHITE	White	UNDET	Undetermined
AI/AN	American Indian or Alaskan Native		

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker for completion of Section 4 and for forwarding to the DCFS Central Office of Licensing. The licensing worker must check the form for completeness and accuracy, confirm that the person (if age 17 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

The licensing representative must complete the following:

Name of Facility	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)
Street/City/Zip	The site of licensed facility where person is licensed or employed.
Provider ID #	The Provider ID # is required. (The number which appears or will appear on the license certificate for the facility.)
DCFS Region/Site/field	The DCFS Region/Site/Field.
Supervising Agency	Print the name and Provider ID# of Agency which will supervise the facility.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-16 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential but may be shared with my employer, prospective employer, the licensing applicant for whom my background check is required or with authorized licensing staff in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure or may result in the termination of my employment.